

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SmL</i>		<i>4/5/02</i>
O.I.P.E. CLASSIFIER		<i>70619</i>	<i>6/1/02</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/01
2	11/01
3	3/02
4	7/02
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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